

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

1. Facility type	<input type="checkbox"/> Instant Access (IA) Facility <input type="checkbox"/> Notice of Withdrawal (NoW) Facility	
	<input type="checkbox"/> Term Investment (TI) Facility <input type="checkbox"/> 31 days <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	
	Important Note: Where you apply for an Instant Access or Notice of Withdrawal Facility as an Associate, you are also applying for a non-cash payment facility that allows additional transactional capability, unless you already hold the non-cash payment facility. A single non-cash payment facility is connected to each of your Instant Access and Notice of Withdrawal Facilities.	
Term Investment Instructions (if applicable)	Principal Instruction (on maturity)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Transfer to LLL Facility
	Interest Instruction (on maturity)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Transfer to LLL Facility
	LLL Facility to transfer funds to _____	
	<input type="checkbox"/> Any one to sign <input type="checkbox"/> Any two to sign <input type="checkbox"/> All to sign <input type="checkbox"/> Other (please advise number to sign) _____	
Important Note: Where Authorised Signatories are appointed under the Terms and Conditions for LLL Investments, any Authorised Signatory can process transactions in accordance with the signing authority.		
Facility Purpose (Select all that apply)	<input type="checkbox"/> Investment <input type="checkbox"/> Transactional <input type="checkbox"/> Donation (REG) <input type="checkbox"/> Other (please specify) _____	

2. Term Investment Facility opening funds transfer (if applicable) Value of Investment \$ _____ Authorise LLL to debit funds from nominated LLL facility for the Term Investment- Facility number _____ It is a requirement of opening a Term Investment that you hold either an Instant Access (IA) Facility or Notice of Withdrawal (NoW) Facility. If you do not yet hold an IA or NoW, leave the field directly above this wording blank. Please ensure to indicate in Section 1 that you require either an IA or NoW Facility.

3. Entity details	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Domestic Company <input type="checkbox"/> Association				
	<input type="checkbox"/> Partnership <input type="checkbox"/> Trust				
Entity Name	_____				
Facility Name (suffix)	_____				
	(Note: enables labelling of facilities – e.g. Operating AC = Company ABC Pty Ltd Operating AC, leave blank if not required)				
ABN	ACN	TFN			
Nature of Business	Number of Employees	Annual Turnover			
Registered Office (if Applicant is a company):					
Address	_____				
Suburb	State	Postcode	Country		
Main place of business, operations, or administration (PO Box is NOT acceptable): <input type="checkbox"/> same as registered office					
Address	_____				
Suburb	State	Postcode	Country		
Postal Address: <input type="checkbox"/> same as registered office <input type="checkbox"/> same as main place of business <input type="checkbox"/> as below					
Address	_____				
Suburb	State	Postcode	Country		
Phone Number	Fax	Email			
Name of contact person for any queries relating to the application:					
Contact Name	_____			Contact Phone Number	_____
Is the Applicant, or any beneficial owner of the Applicant, required to pay tax in any country other than Australia?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following: Country: Tax Identification Number (TIN):					
Are funds expected to be received from overseas?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify countries:					

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

4. Entity type		(please only complete the relevant section with information for your business advised in the previous section)	
A. Company (select type)		<input type="checkbox"/> Proprietary	<input type="checkbox"/> Public
Director/s		Shareholder/s	
Please provide details of Beneficial Owners* in Sections 5 and 6.			
B. Trust			
Trust Name			
Trust ABN		Trust Settlor	
i. Trustee/s (select type)		<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual
Corporate Trustee/s (company full name, please also complete 4.A)		Individual Trustee/s (full name)	
ii. Please provide details of all Beneficiaries of the Trust (including type or class of beneficiary)			
Full Name of all Beneficiaries		Where full names of all beneficiaries are unavailable, provide type or class of beneficiaries below	
Please provide details of Beneficial Owners* in Sections 5 and 6.			
C. Association (select type and # if applicable)		Registration # _____ <input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated	
Responsible Officers (Chair, Vice-Chair, Treasurer, Secretary + any other constitutional or gazetted officers; responsible office and full name for each officer)			
Chair		Vice-Chair	
Treasurer		Secretary	
_____		_____	
_____		_____	
Please provide details of all Beneficial Owners* in Section 5. Signatories or Section 6. Beneficial Owners.			
D. Partnership (select type)		<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	Jurisdiction: _____
Corporate Partner/s (company full name, please also complete 3A)			
		<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual
		Individual Partner/s (full name)	
Please provide details of Beneficial Owners* in Sections 5 and 6.			

* A Beneficial Owner is an individual who ultimately owns or controls an Applicant. 'Owns' means owning 25% or more of the Applicant, either directly or indirectly (e.g. as a shareholder). 'Controls' means having the power to make decisions about the Applicant's finances and operations, whether through trusts, agreements, arrangements, understandings, policies, or practices. Not required for Government Bodies, or if a Company Applicant is listed on the stock exchange or is licensed and regulated by ASIC as an AFS Licensee, APRA or the ATO as a self-managed super fund".

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

5. Signatories (Authority to Operate)				
Signatory 1	Individual Client Number		LLL Online Access Level	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Are you also a Beneficial Owner* of the applicant business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.				
Signature			Date	
Signatory 2	Individual Client Number		LLL Online Access Level	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Are you also a Beneficial Owner* of the applicant business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.				
Signature			Date	
Signatory 3	Individual Client Number		LLL Online Access Level	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Are you also a Beneficial Owner* of the applicant business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.				

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

Signature		Date	
------------------	--	-------------	--

Signatory 4	Individual Client Number		LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		

Are you also a Beneficial Owner* of the applicant business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website.
I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.

Signature		Date	
------------------	--	-------------	--

Signatory 5	Individual Client Number		LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		

Are you also a Beneficial Owner* of the business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website.
I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.

Signature		Date	
------------------	--	-------------	--

#A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internally in a government body or international organisation.

* A Beneficial Owner is an individual who ultimately owns or controls an Applicant. 'Owns' means owning 25% or more of the Applicant, either directly or indirectly (e.g. as a shareholder). 'Controls' means having the power to make decisions about the Applicant's finances and operations, whether through trusts, agreements, arrangements, understandings, policies, or practices. Not required for Government Bodies, or if a Company Applicant is listed on the stock exchange or is licenced and regulated by a Commonwealth, State or Territory Government regulator.

If additional signatories are required, please print and append additional pages of this form and number all pages.

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

6. Beneficial Owners (please complete for non-signatory Beneficial Owners)				
Beneficial Owner # __	Individual Client Number			
Given Names				
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Is this beneficial owner, a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficial Owner # __	Individual Client Number			
Given Names				
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Is this beneficial owner, a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficial Owner # __	Individual Client Number			
Given Names				
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Is this beneficial owner, a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?				<input type="checkbox"/> Yes <input type="checkbox"/> No

#A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internally in a government body or international organisation.

If there are additional Beneficial Owners, please print and append additional pages of this form and number all pages.

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

7. Authorised Persons - Declaration & Authorisation

DECLARATION

I/We understand that it is an offence under the law including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ("AML-CTF-Act") to make a false and misleading statement. I/We declare that the information provided in this form is complete and accurate and I/we consent to the electronic verification for the identity of all individuals within this facility application.

I/We have received the applicable disclosure documents (Terms & Conditions for LLL Investments and Product Disclosure Statement for Non-Cash Payment Facilities) and agree to be bound by them.

I/We understand that the collection of Tax File Number (TFN), Australian Business Number (ABN) or Exemption is authorised, and their use and disclosure are regulated by tax laws and the Privacy Act 1988 (Cth). I/We understand that quotation of the number is not compulsory, but withholding tax may be deducted from any interest I/we earn and remitted to the Australian Tax Office if I/we do not quote my/our TFN, ABN or claim an Exemption.

I/we understand that where I/we am/are resident(s) of a country other than Australia for tax purposes, LLL may be legally obliged to pass on this information and other information with respect to me/us and my/our facilities with LLL to the Australian Taxation Office (ATO) and that the ATO may then exchange this information with tax authorities of other jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

I/we undertake to promptly notify LLL of any change in circumstances which affects my/our tax residency.

I/We consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of the Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website.

IMPORTANT NOTICE

By law, LLL must inform investors that LLL's debenture products are only intended to attract investors whose primary purpose for making their investment is to support LLL's charitable purposes, primarily support for the Mission of the Lutheran Church in Australia; that investors may be unable to get some or all of their money back when the investor expects it or at all; and that an investment in LLL's debentures is not comparable to investments with banks, finance companies or fund managers.

AUTHORISATION

By signing this form, I/we confirm that all information contained within this form is accurate and that I/we am/are authorised to sign this application on behalf of the applicant entity.

Name		Name	
Signature		Signature	
Position / Title		Position / Title	
Date		Date	
Name		Name	
Signature		Signature	
Position / Title		Position / Title	
Date		Date	

Entity type	Authorisation/signing instructions for above
Company	Sole Director & Company Secretary, or if Multiple Directors, any 2 Directors or 1 Director and 1 Company Secretary (who must be different people)
Trust	As per Company (Corporate Trustee), All Trustees (Individual Trustee). If there is more than one corporate trustee, all corporate trustees must execute the application in accordance with the company requirements.
Association / Registered Co-op	Minimum 2 officers to sign (e.g., Chair, Vice-Chair, Secretary, Treasurer). We may also require the provision of evidence in the form of a certified copy or certified extract of the minutes of meeting and resolution approving the opening of the Facility and the appointment of the signatories to the Facility be provided with this form.
Partnership	All Partners
Sole Trader	Individual

Associate

Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia

Checklist – Office Use Only:					
Naming conventions match supporting documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beneficial Owner Details completed + ID obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ABN/ACN is consistent amongst all documents provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	No alterations without initials by Client	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Only original/certified copies of documents have been accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	All sections completed and ensured TFN is removed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Individuals verified original, certified documents and/or electronic			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Client/Facility opened by		Operator #		Date	
Client/Facility reviewed by		Operator #		Date	